MILFORD PUBLIC SCHOOLS
PAYROLL ACTION REQUEST

NAME _____ EFFECTIVE DATE ____/_____/_____

PHONE _____ BUILDING _____

JOB TITLE _____ DEPARTMENT _____

ACTION:

_____ NEW EMPLOYEE
_____ CHANGE OF ASSIGNMENT
_____ CHANGE OF SALARY
_____ CHANGE OF ACCT. #
_____ CHANGE OF WORK LOCATION
_____ TERMINATION
_____ ADDITIONAL ASSIGNMENT
_____ RETURN TO WORK
_____ STIPEND
_____ RESIGNATION
_____ RETIREMENT

IF A TRANSFER, HAVE BOTH OLD AND NEW DEPTS/LOCATIONS BEEN NOTIFIED? YES NO
HAS EMPLOYEE BEEN NOTIFIED? YES NO

ADDITIONAL INFORMATION
_____
_____
_____
_____

BUDGET ACCOUNT CODE (REQUIRED) _____

POSITION CONTROL CODE _____

PAY RATE (for hourly or per-diem employees) $_____

STATUS:

_____ FULL TIME
_____ PART TIME
_____ SUBSTITUTE
_____ TEMPORARY
_____ UNION POSITION

PREVIOUS POSITION HELD WITH MPS _____

_____ _____ _____
Administrator/Supervisor Date Wendy Kopazna
Director of Human Resources